MARITAL STATUS AS A DETERMINANT OF COGNITIVE BEHAVIOR THERAPY OUTCOME AMONG CANNABIS ABUSING YOUNG ADULTS

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Abstract

This study examined how marital status would have an impact on the outcome of Cognitive Behavior Therapy (CBT) treatment of cannabis abuse among young adults in Owerri, Imo State, Nigeria. It was hypothesized that CBT would be effective in the treatment of cannabis abuse among young adults and that marital status will be a determinant of the outcome of CBT. 20 young adults (10 males and 10 females) within the age range of 25 and 38 years, with a mean age of 30.00 were randomly selected to participate in the study. Two group pre-test / post-test experimental designs were used. Also, Repeated Measures ANOVA statistics was employed for data analysis. CBT was found to be effective in the treatment of cannabis abuse among young adults. In addition, marital status determined the outcome of CBT. It was concluded that CBT is effective in the treatment of cannabis abuse among young adults. In recommendation, the researchers pointed to the need for Nigerian therapists in this area to pay attention to those of single marital status because they seem to be less responsive to treatment.

Keywords: Cannabis, Cognitive Behavior Therapy, Marital Status, Nigeria, CBT

Introduction

Cannabis is a psychoactive substance popularly called marijuana. In Nigeria, it has such local names as Indian hemp, Igboo, Weewee, etc. Though the drug is designated as one of the illicit drugs in the nation, Nigerians still grow marijuana in their farms and backyards. However, many consider the marijuana market as a very lucrative business. As such, the cultivation and distribution of marijuana in the country continues in spite of

vigorous war on drugs posed by the National Drug Law Enforcement Agency (NDLEA) and other policies in the nation. In other words, marijuana has remained very accessible and available; and as such, its consumption rate continues to escalate. Consequently, the incidence and prevalence of cannabis abuse in the nation could be second only to alcohol. Studies have shown that cannabis is the primary drug of abuse among most persons treated for drug-related problems in Nigeria (Oshodi, Ikeji, Olotu, Ihenyen, & Obianwu, 2009). Reports of cannabis abuse incidents have increased since 1960s when it was only 21% of all drug-related cases reported in health facilities to near 80% in recent times (Asuni, 1964; Oshodi, et al., 2009). Also, many local and international studies have shown cannabis as a major drug of abuse (Haddock, Lewis, Bentall, Dunn, Drake, & Tarrier, 2008; Carroll, Nich, Lapaglia, Peters, Easton, & Petry, 2012; Dennis, Godley, Diamond, Tims, Babor, Donaldson, Titus, Kamner, Webb, Hamilton, & Funk, 2004; Helwick, 2010; & Oshodi, et al., 2009). However, none of the reviewed studies concentrated on young adults (i.e. individuals between 18 – 40 years) as their study participants.

Cognitive-behavioral therapy which is also referred here as CBT, is a form of psychological treatment that involves both thought and behavioral therapies in the management of psychological-related problems. It is a technique that involves changing the way one thinks (cognitive) and how one responds (behavior) to those thoughts. According to Busari (2013), there is evidence that suggests that clients who develop new ways of thinking get better from psychological difficulties. Again, "cognitive behavioral therapy has been found to be very effective in the treatment of all forms of antisocial behaviors such as stealing, socially undesirable behaviors, faulty thinking-frustration, recidivism, and delinquent behavior" (Busari, 2013, p. 54) Magil and Ray (2009) in a meta-analysis of 53 randomized trials aimed at providing an overall picture of the efficacy of cognitive-behavioral therapy treatment, found that the effect of CBT was largest in marijuana studies, when compared with no treatment. Consequently, the effect of CBT may be greater for men than women. Helwick (2010), Danis, Lavie, Fatseas, and Auriacomber (2006), as well as Carroll et al., (2012) in their different studies pointed out the efficacy of CBT for the treatment of cannabis dependence and associated problems. Meanwhile, Copeland, Swift, Roffman, and Stephens (2001) revealed that six sessions of cognitive behavioral therapy helped participants to achieve continuous abstinence, become less severely dependent, achieve higher levels of control over their cannabis use, and have fewer cannabis-related problems. Busari (2013) in a study revealed that participants from intact homes (husbands and wives) responded more positively to treatment with cognitive behavior therapy than those from separated homes. Hollon and Beck (2004) in their study discovered that

marital status is associated with positive therapeutic outcome in the management of depressive patients using cognitive behavior therapy. Grail, Leanne, Lawrence, and, Gilbert (2007), in another study, discovered that being married predicted a greater treatment response.

In this study therefore, the researcher is looking at the role CBT will play in the management of cannabis abuse among young adults and to find out how marital status will affect the outcome of CBT in the management of cannabis abuse among young adults.

Hypotheses

1. Cognitive behavior therapy would be effective in the management of cannabis abuse among young adults.
2. Marital status would influence the outcome of CBT on the management of cannabis abuse among adults.

Method

Participants

The study comprised of randomly selected twenty young adults who abuse cannabis. The study was carried out in Nekede and Egbu in Owerri West and Owerri North local government areas of Imo State. Imo State is one of the states in the South-eastern part of Nigeria. Nekede and Egbu were purposively selected for this study because they are urban areas, and as such, attract people from all works of life mostly young adult population. Various crimes including criminal activities such as sexual harassment, rape, cultism, stealing, house breaking, cannabis sales, use and abuse, etc, occur within these environments. Ten participants (5 males and 5 females) were drawn from each community. However, their demographic variables are reflected as gender (10 males and 10 females), marital status (10 unmarried and 10 married), and their age ranged between 25 and 38 years with a mean age of 30.00 and standard deviation (STD= 4.49).

Instrument

The instrument used was Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), English version 3, developed by Humeniuk and Ali (2006) for the World Health Organization (WHO). It was used in screening for cannabis abuse among participants. A validation study was conducted to adapt the scale for local use. The instrument was reliable at Cronbach alpha .87 and discriminant validity of $r = 0.4$, $p < .01$, after correlating ASSIST Cannabis with Alcohol use Disorder Inventory Test (AUDIT). The instrument is an 8 item questionnaire covering 10 substances. It uses a 5-point likert scoring pattern for items 2, 3, 4, & 5 and 3-point likert scoring pattern for items 6 & 7. Consequently, item 1 is a nominal question

with "yes" or "no" response. However, only items 1, 2, 4, 5, and 6 for ascertaining cannabis abuse were considered in this study. The ASSIST rates participants scores 0-3 as low and require no intervention, 4-26 as moderate and require brief intervention, and 27 and above as high and require intensive intervention.

Procedure

Pre-treatment Phase: The ASSIST was administered to selected participants after gaining their oral consent of participation and assuring them of the confidentiality of the entire research process. Individuals whose scores were lower or higher than 4-26 on the ASSIST Cannabis Abuse subsection were excluded from participation. Those within the accepted score range were randomly assigned to control and treatment groups with marital status as a factor.

Treatment Phase: The treatment adopted individual therapy approach which was delivered on an outpatient basis and lasted for four weeks of twelve sessions, that is, three sessions per week. The therapy involved three clinical psychologists and a counseling psychologist. They also cared for likely clinical manifestations that were beyond the purpose of the present study. However, this provision was made particularly to ensure non-maleficience for participants in the study. Cognitive behavioral therapy sessions involved techniques like cognitive restructuring, thought stopping, refusal skills, communication skills, interviewing, stimulus control, and shaping. However, participants in the control group were only interviewed and given words of encouragement in every session. The goal of therapy was majorly to reduce the consumption rate of cannabis and ultimately to achieve abstinence among participants.

Post Treatment Phase: At the end of the treatment protocol, both groups were retested using the ASSIST for cannabis abuse. Data generated from the assessment was used to ascertain if there was a significant difference on their pre and post test scores. In addition, it was also used to ascertain the role marital status played in the treatment of young adults with cannabis abuse using CBT. Finally, those in the control group were treated and debriefed. The entire treatment process took place in a temporary clinic at the community hall of each of the selected communities. This choice was to minimize discomfort, cost, and other inconveniences participants would experience if they were to travel out of their communities for the sessions.

Design/Statistics

This study used a two group pre-test and post-test experimental design. This is because the study involved two groups, that is, the experimental and control groups. Therefore, both groups were assessed

before and after treatment. Repeated Measures Analysis of Variance using SPSS version 17 was used for data analysis.

Result

Table 1a: Summary Result of Repeated Measures ANOVA Showing the Means, Standard Deviations, and F Value of Cannabis Abuse in Pre-Test and Post-Test Condition

Pre-test	Post-test			
M(SD)	M(SD)	Df	F	Sig.
21.68 (.59)	16.14(1.16)	1,12	13.91*	.00

Note: * p<.05

The result in table 1a above shows a mean difference in the participants' pre-test and post-test scores. The pre-test mean score of 21.68 was very much higher than the post-test mean score of 16.14. The within-subject effect result of F (1, 12) = 13.91, p<.05, shows that there was a significant difference in participants' cannabis abuse rate after cognitive behavior therapy was administered.

Table 1b: Summary Result of Repeated Measures ANOVA Showing the Means, Standard Deviations, and F-value of Cannabis Abuse of Participants in Different Treatment Conditions

Experimental Group	Control group			
M (SD)	M (SD)	Df	F	Sig.
16.93 (.68)	20.89 (.70)	1,12	22.75*	.00

Note: * p<.05

Again, descriptive statistics in table 1b above revealed that at the end of assessment, participants in the experimental condition showed reduced cannabis abuse with a mean score of 16.93 more than those in the control group with a mean score of 20.89. Thus, the between-subject effects result of F(1,12) = 22.77, p <.05, revealed a significant difference between the experimental and control groups. Those in the experimental group shows more reduced cannabis abuse rate than their counterparts in the control group. Therefore, the first alternative hypothesis that cognitive behavior therapy would be effective in the management of cannabis abuse was accepted.

Table 2: Summary Result of Repeated Measures ANOVA Showing the Means, Standard Deviations, and F-Value of the Effect of CBT in the Management of Cannabis Abuse of Participants with Different Marital Status

Unmarried	Married			
M (SD)	M (SD)	Df	F	Sig.
21.14 (.59)	16.68 (.08)	1,12	10.80*	.00

Note: * p<.05

Descriptive statistics in table 2 above revealed that at the end of assessment, there was a statistical mean difference between the unmarried and the married participants in the effect of CBT on the treatment of cannabis abuse; with the unmarried having a higher mean score of 21.14 than the married with a mean score of 16.68. The between-subjects effects result of $F(1, 12) = 10.80$, $p < .05$, revealed a significant difference between the unmarried and the married participants, with the married participants reporting greater effect of CBT on the treatment of cannabis abuse than the unmarried participants. Therefore, the second alternative hypothesis that marital status will influence the effect of CBT in the management of cannabis abuse was accepted.

Discussion

The present findings are in line with Copeland, Swift, Roffman, and Stephen's (2001) study which shown CBT to be effective in a brief intervention for cannabis abuse. Similarly, Carroll, Nich, Lapaglia, Peters, Easton, and Petry (2012) found that attrition rate for cannabis was highest in the CBT alone condition. The present researchers are of the opinion that every drug abuser to an extent, knows that he/she has a problem; and as such, he/she desires a solution. Consequently, those who abuse drugs in Nigeria contact faith-based organizations and native doctors in search of a remedy. The popular belief is that their problems are beyond their control, and as such, must be due to punishment from the gods or as a result of evil manipulations from their enemies. Hence, providing them with CBT which was neither harmful nor costly, administered free of charge and at the participants' convenience was considered to be beneficial all-round. As a result, participants yielded to the process with keen interest.

The result that married participants responded to CBT better than the unmarried was in line with the findings of Busari (2013) and Grail et al. (2007), who independently stated that being married predicted better CBT treatment outcome.

This finding could be explained by the fact that the difference in treatment (CBT) outcome evident among the married and the unmarried was as a result of their level of responsibility. In Nigeria, the married have more responsibilities as regards their family, and as such, are more eager to quit the cannabis abuse. This is because the marriage institution is highly valued in this part of the world, and as such, the married most times avoid activities that are derogatory in nature, especially those that leads to stigmatization of the individuals involved. On the other hand, the unmarried most times have less responsibility with regard to family matters (e.g. catering for the welfare of wife and children). They are mostly free to socialize with little or no caution (e.g. clubbing, smoking and drinking in groups, night activities, etc.),

and as such, they are more prone to initiate, maintain, and sustain abusive use of cannabis. In other words, because individuals in their pre-marital stage also have strong peer group involvement (that offers social support as well as relevance for drug use), they have reduced need to quit the abusive behavior. As a result, they responded poorly to treatment.

Conclusion/Recommendation

It is hereby concluded that cognitive behavior therapy plays an effective role in the management of cannabis abuse among young adults, and that marital status influences the outcome of CBT. Therefore, it is recommended that the Nigerian Psychological Association in conjunction with Nigerian Universities should start training and retraining of clinical and counseling psychologists on how to conduct brief cognitive behavioral therapy in clinical treatments of cannabis abuse. However, this will help minimize the cost of treatment for clients. Brief therapy mean the reduced time spent in therapy. Thus, this could motivate potential clients to seek clinical help. Clinicians should inculcate CBT in their clinical practice to help patients, especially those who abuse cannabis and several other drugs. Consequently, this is because in the shortest brief intervention, CBT worked effectively.

This study also recommends that Clinical psychologists should intensify their efforts when treating unmarried cannabis abusing young adults, since they respond less effectively to brief cognitive behavioral therapy unlike the married ones.

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